

jc612 U.S. PTO

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UTILITY  
PATENT APPLICATION  
TRANSMITTAL

(Only for new nonprovisional applications under 37 CFR 1.53(b))

Attorney Docket No.

*First Inventor*

# ORAL SEKENDUR

**Title**

Express Mail Label No.

## APPLICATION ELEMENTS

*See MPEP chapter 600 concerning utility patent application contents.*

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 RECORDS ADMINISTRATION AT 866-NR-111-1  
 OR 202-837-1400

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FD-302 (Rev. 11-27-70) (35 U.S.C. 113) Total Sheets 15

FD-302 (Rev. 11-27-70)

(b) (7) (C) (for continuation/divisional with Box 18 completed)

(c) (7) (C)

DATE: 11/11/2011 11:11:11 AM

ADDRESS TO:

**SECRET**

1. ☐ ATTACHED TO COVER SHEET (If applicable, attach to cover sheet)  
2. ☐ APPENDIX (If applicable, attach to cover sheet)  
3. ☐ APPENDIX (If applicable, attach to cover sheet)  
4. ☐ APPENDIX (If applicable, attach to cover sheet)  
5. ☐ APPENDIX (If applicable, attach to cover sheet)  
6. ☐ APPENDIX (If applicable, attach to cover sheet)  
7. ☐ APPENDIX (If applicable, attach to cover sheet)  
8. ☐ APPENDIX (If applicable, attach to cover sheet)  
9. ☐ APPENDIX (If applicable, attach to cover sheet)  
10. ☐ APPENDIX (If applicable, attach to cover sheet)

## ACCOMPANYING APPLICATION PARTS

17	<input type="checkbox"/> UNCLASSIFIED INFORMATION IS CONTAINED HEREIN UNLESS OTHERWISE NOTED	
20	<input type="checkbox"/> IDENTIFY THE PERSON OR PERSONS (when there is an assignee)	<input type="checkbox"/> ASSIGNMENT NUMBER
21	<input type="checkbox"/> JOURNAL REFERENCE NUMBER (if applicable)	
22	<input type="checkbox"/> TITLE, AUTHOR, DATE, AND SOURCE OF INFORMATION	<input type="checkbox"/> DISSEMINATION CATEGORY
23	<input type="checkbox"/> CROSS-REFERENCE NUMBER	
24	<input type="checkbox"/> COUNTRY OF ORIGIN OF INFORMATION (Should be specifically itemized)	
25	<input type="checkbox"/> SOURCE OF INFORMATION (Should be specifically itemized)	
26	<input type="checkbox"/> FOREIGN PRIORITY IS CLAIMED	
27	<input type="checkbox"/> FOREIGN PRIORITY IS CLAIMED FOR INFORMATION CONTAINED HEREIN	
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29	<input type="checkbox"/> FOREIGN PRIORITY IS CLAIMED FOR INFORMATION CONTAINED HEREIN	
30	<input type="checkbox"/> FOREIGN PRIORITY IS CLAIMED FOR INFORMATION CONTAINED HEREIN	


Check appropriate box, and supply the requisite information below and in a preliminary amendment, or in an Application Data Sheet under 37 CFR 1.76:

[illegible]

(30a) A1 And I have a good idea what the other side is thinking.

For CONTINUATION OR DIVISIONAL APPE only: The entire disclosure of the prior application, from which an oath or declaration is supplied under Box 5b, is considered a part of the disclosure of the accompanying continuation or divisional application and is hereby incorporated by reference. The incorporation can only be relied upon when a portion has been inadvertently omitted from the submitted application parts.

## 19. CORRESPONDENCE ADDRESS

<input type="checkbox"/>	Customer Number or Bar Code Label			if <input checked="" type="checkbox"/>	Correspondence address below
Name		ORAL SEKENDUR			
Address		399 W. FULLERTON PKWY			
City		CHICAGO	State	IL	Zip Code 60614
Country		USA	Telephone	773 880 5574	773 880 5574

Name (Print/Type)	ORAL SEKENDUR	Registration No. (Attorney/Agent)	
Signature		Date	08-27-01

~~XXXXXXXXXXXX~~

jc903 U.S. PRO

637276/609/942439



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08/30/01

Year	1970	1971	1972	1973	1974	1975	1976	1977	1978	1979	1980	1981	1982	1983	1984	1985	1986	1987	1988	1989	1990	1991	1992	1993	1994	1995	1996	1997	1998	1999	2000	2001	2002	2003	2004	2005	2006	2007	2008	2009	2010	2011	2012	2013	2014	2015	2016	2017	2018	2019	2020	2021	2022	2023	2024	2025	2026	2027	2028	2029	2030	2031	2032	2033	2034	2035	2036	2037	2038	2039	2040	2041	2042	2043	2044	2045	2046	2047	2048	2049	2050	2051	2052	2053	2054	2055	2056	2057	2058	2059	2060	2061	2062	2063	2064	2065	2066	2067	2068	2069	2070	2071	2072	2073	2074	2075	2076	2077	2078	2079	2080	2081	2082	2083	2084	2085	2086	2087	2088	2089	2090	2091	2092	2093	2094	2095	2096	2097	2098	2099	2100
1970	1971	1972	1973	1974	1975	1976	1977	1978	1979	1980	1981	1982	1983	1984	1985	1986	1987	1988	1989	1990	1991	1992	1993	1994	1995	1996	1997	1998	1999	2000	2001	2002	2003	2004	2005	2006	2007	2008	2009	2010	2011	2012	2013	2014	2015	2016	2017	2018	2019	2020	2021	2022	2023	2024	2025	2026	2027	2028	2029	2030	2031	2032	2033	2034	2035	2036	2037	2038	2039	2040	2041	2042	2043	2044	2045	2046	2047	2048	2049	2050	2051	2052	2053	2054	2055	2056	2057	2058	2059	2060	2061	2062	2063	2064	2065	2066	2067	2068	2069	2070	2071	2072	2073	2074	2075	2076	2077	2078	2079	2080	2081	2082	2083	2084	2085	2086	2087	2088	2089	2090	2091	2092	2093	2094	2095	2096	2097	2098	2099	2100	

f-27-07

# FEE TRANSMITTAL for FY 2001

Patent fees are subject to annual revision.

TOTAL AMOUNT OF PAYMENT (\$)**355.00**

## Complete if Known

Application Number  
Filing Date  
First Named Inventor **ORAL SEKENDUR**  
Examiner Name  
Group Art Unit  
Attorney Docket No.

## METHOD OF PAYMENT

1. ☐ The Commissioner is hereby authorized to charge indicated fees and credit any overpayments to:
- Deposit Account Number  
Deposit Account Name
- ☐ Charge Any Additional Fee Required Under 37 CFR 1.16 and 1.17  
☐ Applicant claims small entity status. See 37 CFR 1.21
2. ☐ Payment Enclosed:  
☐ Check ☒ Credit card ☐ Money Order ☐ Other

## FEE CALCULATION

1. BASIC FILING FEE					
Large Entity	Small Entity	Fee Code	Fee Code	Fee Description	Fee Paid
101	201	710	355	Utility filing fee	355
106	206	320	160	Design filing fee	
107	207	490	245	Plant filing fee	
108	208	710	355	Reissue filing fee	
114	214	150	75	Provisional filing fee	
SUBTOTAL (1) (\$)					355

2. EXTRA CLAIM FEES					
Total Claims	Extra Claims	Fee from	Fee Paid		
Independent	20** =	X			
Multiple Dependent	3** =	X			

Large Entity	Small Entity	Fee Code	Fee Code	Fee Description	Fee Paid
103	203	18	9	Claims in excess of 20	
102	202	80	40	Independent claims in excess of 3	
104	204	270	135	Multiple dependent claim, if not paid	
108	208	80	40	** Reissue independent claims over original patent	
110	210	18	9	** Reissue claims in excess of 20 and over original patent	
SUBTOTAL (2) (\$)					

\*\*for number previously paid, if greater; For Reissues see above

## FEE CALCULATION (continued)

Large Entity	Small Entity	Fee Code	Fee Code	Fee Description	Fee Paid
105	205	130	65	Surcharge - late filing fee or oath	
127	227	80	25	Surcharge - late provisional filing fee or cover sheet	
139	139	130	130	Non-English specification	
147	2.520	147	2.520	For filing a request for ex parte reexamination	
112	920*	112	920*	Requesting publication of SIR prior to Examiner action	
113	1.840*	113	1.840*	Requesting publication of SIR after Examiner action	
115	110	215	55	Extension for reply within first month	
118	390	218	195	Extension for reply within second month	
117	890	217	445	Extension for reply within third month	
118	1,390	218	695	Extension for reply within fourth month	
128	1,890	228	945	Extension for reply within fifth month	
119	310	219	155	Notice of Appeal	
120	310	220	155	Filing a brief in support of an appeal	
121	270	221	135	Request for oral hearing	
138	1,510	138	1,510	Petition to institute a public use proceeding	
140	110	240	55	Petition to revive - unavoidable	
141	1,240	241	620	Petition to revive - unintentional	
142	1,240	242	620	Utility issue fee (or reissue)	
143	440	243	220	Design issue fee	
144	600	244	300	Plant issue fee	
122	130	122	130	Petitions to the Commissioner	
123	50	123	50	Processing fee under 37 CFR 1.17(q)	
126	180	126	180	Submission of Information Disclosure Stmt	
581	40	581	40	Recording each patent assignment per property (times number of properties)	
146	710	246	355	Filing a submission after final rejection (37 CFR § 1.129(a))	
149	710	249	355	For each additional invention to be examined (37 CFR § 1.129(b))	
179	710	279	355	Request for Continued Examination (RCE)	
169	900	169	900	Request for expedited examination of a design application	
Other fee (specify)					
*Reduced by Basic Filing Fee Paid					
SUBTOTAL (3) (\$)					

SUBMITTED BY		Complete if applicable	
Name (Print Type)	<b>ORAL SEKENDUR</b>	Registration No. (Attorney/Agent)	Telephone <b>773 880 5574</b>
Signature		Date	<b>08-27-01</b>

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8-27-01

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PTO/SB/21 (08-00)  
Approved for use through 10/31/2002 OMB 0851-0031  
U.S. Patent and Trademark Office, U.S. DEPARTMENT OF COMMERCE


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<b>TRANSMITTAL FORM</b>  (to be used for all correspondence after initial filing)	Application Number	
	Filing Date	
	First Named Inventor	ORAL SEKENDUR
	Group Art Unit	
	Examiner Name	
Total Number of Pages in This Submission	Attorney Docket Number	

ENCLOSURES (check all that apply)		
<input checked="" type="checkbox"/> Fee Transmittal Form	<input type="checkbox"/> Assignment Papers (for an Application)	<input type="checkbox"/> After Allowance Communication to Group
<input checked="" type="checkbox"/> Fee Attached	<input checked="" type="checkbox"/> Drawing(s)	<input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences
<input type="checkbox"/> Amendment / Reply	<input type="checkbox"/> Licensing-related Papers	<input type="checkbox"/> Appeal Communication to Group (Appeal Notice, Brief, Reply Brief)
<input type="checkbox"/> After Final	<input type="checkbox"/> Petition	<input type="checkbox"/> Proprietary Information
<input type="checkbox"/> Affidavits/declaration(s)	<input type="checkbox"/> Petition to Convert to a Provisional Application	<input type="checkbox"/> Status Letter
<input type="checkbox"/> Extension of Time Request	<input type="checkbox"/> Power of Attorney, Revocation, Change of Correspondence Address	<input type="checkbox"/> Other Enclosure(s) (please identify below):
<input type="checkbox"/> Express Abandonment Request	<input type="checkbox"/> Terminal Disclaimer	
<input type="checkbox"/> Information Disclosure Statement	<input type="checkbox"/> Request for Refund	
<input type="checkbox"/> Certified Copy of Priority Document(s)	<input type="checkbox"/> CD, Number of CD(s)	
<input type="checkbox"/> Response to Missing Parts/Incomplete Application		
<input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53		

**ENCLOSED:**  
UTILITY PATENT APPL. TRANSMITTAL  
CREDIT CARD PAYMENT FOR  
DECLARATION FOR UTILITY PATENT APPL  
RETURN CARD

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT	
Firm or Individual name	ORAL SEKENDUR
Signature	
Date	

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08-27-01

1c903 U.S. PTO  
09/942439  
08/30/01

IN THE US PATENT AND TM OFFICE

Appn. No.:

~~09/270,896~~

NEW APPLICATION

Filing Date:

03/15/99

Applicant:

Sekendur, Oral F.

Appn. Title:

One Visit Dental Prosthesis

Examiner:

~~Ralph A. Lewis~~

Mailed 8/27/01

Group:

~~3300~~

Chicago, IL

Art Unit:

~~3132~~

CONTINUATION IN PART OF APPL # 09/270,896

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Washington, District of Columbia 20231

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Applicant



Date: 08-27-01

Oral Sekendur

ONE VISIT DENTAL  
PROSTHESIS

ENCLOSED! - Continuation in Part  
Application # 09-270-896

- Specification
- Claims 1-20
- Abstract
- Fee
- Return Card